



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Sentrix Pharmacy and Discount, LLC

Respondent Name

Zurich American Insurance Company

MFDR Tracking Number

M4-17-1779-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

February 10, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The insurance carrier, Zurich failed to take final action within the 45-day period set forth in TAC §134.240. Specifically the claim was submitted on 11/3/16 and it was received by the provider on 11/8/16 ... and no action was taken on the claim. Sentrix made a good faith effort to notify the carrier of their failure to respond to the bill on 1/11/17 and it was received by the provider on 1/17/17 ... Again, no action was taken on the claim."

Amount in Dispute: \$1,244.50

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bills and tracking information demonstrate the bills were sent to 6900 Anderson Blvd, Suite 200, Fort Worth, Texas, 76102 ... That is not an address for the Carrier. That is the address for the Division's Fort Worth field office. The Carrier first receive these bills on February 20, 2017, attached to the Requestor's DWC-60, more than 95 days after the date of service."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 3, 2016	Pharmaceutical Services, Compound	\$1,244.50	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.

3. The submitted documentation did not include explanations of benefits.

Issues

1. What are the services in dispute?
2. Did Sentrix Pharmacy and Discount, LLC (Sentrix) submit a bill for the service in question in accordance with 28 Texas Administrative Code §133.20?

Findings

1. Sentrix is seeking reimbursement of \$1,244.50 for a compound dispensed on November 3, 2016, consisting of the following ingredients:
 - Salt Stable LS Base, NDC 00395602157, 85.20 gm
 - Baclofen 4%, NDC 38779038808, 4.80 gm
 - Amantadine 8%, NDC 38779041109, 9.60 gm
 - Amitriptyline 2%, NDC 58597800308, 2.40 gm
 - Gabapentin 5%, NDC 58597801407, 6.00 gm
 - Ketoprofen 10%, NDC 58597801707, 12.00 gm

This is the service considered in this dispute.

2. Flahive, Ogden & Latson stated in its position statement on behalf of Zurich American Insurance Company that "The Carrier first receive these bills on February 20, 2017, attached to the Requestor's DWC-60." 28 Texas Administrative Code §133.20(a) states, "The health care provider shall submit all medical bills **to the insurance carrier** except when billing the employer in accordance with subsection (j) of this section." Review of the submitted documentation does not support that Sentrix sent the bills for the service in question to the insurance carrier or to the employer, in accordance with 28 Texas Administrative Code §133.20. For this reason, no reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Laurie Garnes

Medical Fee Dispute Resolution Officer

March 17, 2017

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.